ANNEX D (INFLUENZA PANDEMIC AUTHORITY AND RESPONSIBILITIES)

1. SITUATION

a. The National Response Plan.

Establishes a comprehensive approach to domestic incident management to prevent, prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies. The NRP provides the coordinating framework for provision of support under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Actions in response to an influenza pandemic are covered under the Biological Incident Annex of the NRP.

b. The National Strategy for Pandemic Influenza

The President has delegated authority for the management of an influenza pandemic to the Secretary of Homeland Security.

c. The National Strategy for Pandemic Influenza Implementation Plan.

Describes and assigns coordinated Federal agency responsibility for more than 300 critical actions to address the influenza pandemic threat.

d. The HHS Pandemic Influenza Plan.

Provides specific missions and broad planning guidance to CDC And the other HHS Operating Divisions (OPDIVs).

e. The CDC Influenza Pandemic OPLAN.

An analysis of the tasks enumerated in all of these documents was conducted in order to develop an implementing operation plan for CDC. The mission contained within the CDC OPLAN is to detect the onset of outbreaks with influenza pandemic potential; assist the containment of such outbreaks; delay the introduction and transmission of pandemic viruses in the United States; assist SLTT health authorities in the management of an influenza pandemic event.

2. MISSION.

CDC will develop disease intelligence information to provide situational awareness of potential influenza pandemic events. As the primary U. S. authority on disease technical information, CDC will provide technical resources for the detection and control of pandemic influenza viruses to the

National Command Authority and all Federal departments. Through a network of Senior Management Officials (SMOs) CDC, in concert with the SHO and IRCT, will coordinate the provision of resources and technical expertise to the SLTT agencies.

3. EXECUTION

a. The Influenza Pandemic Coordination Unit (ICU) is located within the Office of the Director, Coordinating Center for Infectious Diseases (CCID) and is charged with facilitating and coordinating planning activities and tasks associated with the CDC Influenza Pandemic OPLAN. Presently, the ICU is a small unit organized in a manner to allow a seamless transition to the IMS once the DEOC has been activated. During the inter-pandemic period, the ICU will have primary responsibility for managing the Action Register and tracking the tasks assigned to CC/CO/NIOSH through to completion. However, ultimate accountability for task accomplishment rests with the specific CC/CO/NIOSH identified as having primary ownership of the task. Progress towards meeting the tasks will be reported to the CDC Director by the ICU Director.

b. The CDC Incident Manager will have authority commensurate with the responsibility for management of the pandemic within CDC duringWHO Phase 6.

c. A critical element of CDC's response lies with the regional SMOs in the field. The SMO as an extension of the CDC Director, will have line authority over all CDC activated and deployed assets operating on behalf of CDC within the SMO's area of operation. SMO duties during an influenza pandemic include:

1) Coordination with all CDC functional team leaders (e.g., epidemiological, occupational health, environmental health, mental health).

2) Development of a general incident assessment (situational awareness and provision of status reports).

3) Coordinate with ESF #8 representatives at the JFO and with response centers within the SLTTs.

4) Maintenance of comprehensive knowledge of all CDC resources (personnel and equipment) deployed to and/or responding to the influenza pandemic (locations and missions).

4. SERVICE SUPPORT

SMOs will receive guidance on the distribution of CDC field resources (personnel, pharmaceuticals and non-pharmaceuticals) through both the DEOC and the ESF #8 Incident Response Coordination Team (IRCT) located in the DHS regional Joint Field Office.

5. MANAGEMENT AND COMMUNICATION

The Influenza Pandemic Authority and Responsibilities diagram (Refer to Figure 3): Pan Flu Authority and Responsibilities to Annex D) depicts the complicated but integrated planning and response execution structure in support of an influenza pandemic and incidents requiring a coordinated Federal response using the National Response Plan Emergency Support Function 8 (ESF #8) construct in accordance with the National Incident Management System.

According to the President, and the Secretary of Health and Human Services, state, local, territorial, and tribal public health agencies are on the front lines of the looming pandemic.

On the RIGHT side of the diagram …Guidance is received through:

- The National Strategy
- The National Strategy Implementation Plan
- The HHS Pandemic Influenza Plan
- The HHS Pandemic Influenza Implementation Plan
- The National Response Plan and the National Incident Management System

An analysis of the tasks enumerated in all of these documents was conducted in order to develop an implementing operation plan for CDC. The Influenza Pandemic Coordination Unit (ICU), located within the Office of the Director, Coordinating Center for Infectious Diseases (CCID), is charged with facilitating and coordinating planning activities and tasks associated with the CDC Influenza Pandemic OPLAN. During the inter-pandemic period, the ICU will have primary responsibility for

managing the Action Register and tracking the tasks assigned to CC/CO/NIOSH through to completion.

The CENTER of the diagram depicts the Federal Government command structure from the President through HHS to CDC, showing adjacent federal agency integration and coordination relationships. International coordination and requests pass through the State Department, through HHS to CDC. The World Health Organization (WHO) is expected to pass information and requests for assistance directly to CDC in addition to coordination through the State Department.

The LEFT side of the diagram depicts how CDC implements the OPLAN using the National Response Plan (NRP) and the National Incident Management System (NIMS) construct to respond to an Influenza Pandemic. The Secretary of Homeland Security is responsible for coordinating Federal resources to prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies. He is the Principal Federal Official for domestic incident management. He has designated a Principal Federal Official for Pandemic Influenza who is expected to be located in the National Operations Center (NOC). The Secretary, HHS is responsible for coordinating Public Health and Medical Services (NRP ESF #8) resources in potential or actual incidents requiring Federal coordination. ESF #8 response is coordinated principally by the ASPR through the Secretary's Operations Center (SOC). Using the current ESF #8 construct, HHS provides ESF #8 incident staff and Liaison Officers (LNO) to the National Operations Center (NOC), the National Response Coordination Center (NRCC), Regional Response Coordination Center (RRCC), and also the CDC DEOC.

The DEOC, as a NIMS structured operations center, provides centrally integrated operations, planning, threat analysis, logistics, and administrative/financial support for the CDC Incident Management Structure. The DEOC coordinates all CDC ESF #8 support to an incident.

Upon implementation of the Joint Field Office (JFO), HHS also fields a Senior Health Official (SHO) and an Incident Response Coordination Team (IRCT) to coordinate ESF #8 activities between Federal and State Agencies at the disaster level. The Deputy PFO for PanFlu is located at the JFO, which is managed by a Federal Coordinating Officer (FCO). In the current planning scenarios are potentially five regional JFOs responsible for PanFlu response operations.

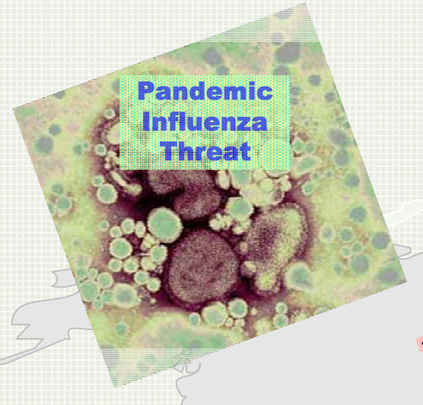
A critical element of CDC's response lies with the regional Senior Management Official (SMO). The SMO as an extension of the CDC Director, will have line authority over all CDC activated and deployed assets operating on behalf of CDC within the SMO's area of operation.

SMO duties during an influenza pandemic include:

1) Coordination with all CDC functional team leaders (e. g., epidemiological, occupational health, environmental health, mental health).
2) Development of a general incident assessment (situational awareness and provision of status reports).
3) Coordination of CDC's representation at the DHS Joint Field Office (JFO) and response centers within the SLTTs.
4) Maintenance of comprehensive knowledge of all CDC resources (personnel and equipment) deployed to and/or responding to the influenza pandemic (locations and missions). SMOs will receive guidance on the distribution of CDC field resources (personnel, pharmaceuticals and non-pharmaceuticals) through both the DEOC and the ESF #8 IRCT located in the JFO. On-the-ground field resources, and the ESF #8 incident teams, all provide information which contributes to the overall situational awareness of all ESF #8 coordination agencies, command authorities, and the local level to continue to prosecute the threat.

APPENDIX:

1. Commissioned Corps Response Teams



Pan Flu Authority and Responsibilities

World Health Organization

DOS

The President

DRG

HSC

NSC

National Strategy

National Response Plan

NIMS

Homeland Security

IAC

Health and Human Services

Other Federal Departments

EMG

SOC
ESF8

NOC / NRCC
ESF8

PanFlu PFO

RRCC
ESF8

HHS OP DIVs

Centers for Disease Control and Prevention

HHS Pandemic Influenza Plan

HHS ESF8 SOP

Influenza Coordination Unit (ICU)
*

Task Analysis

CDC Influenza Pandemic OPLAN

GUIDANCE/POLICY

ASSESSMENT AND ANALYSIS

JFO
(Joint Field Office)

ESF

ESF 1-15

HHS SHO

ESF8 IRCT

PanFlu Dep PFO

FCO

CDC SMO

CDC DEOC
ESF8

ESF8 Field Resouces

Situational Awareness

Responsibility/ Authority

Guidance

Resourcing

Technical Info/ Coordination

IMPLEMENTATION

State Departments of Public Health

Tribal Health Departments

Territorial Health Departments

Local Health Departments

* Influenza Coordination Unit absorbed By the DEOC at WHO Phase 6 or On Order

AS OF: JUN2007

Figure 4: Enclosure I (Chart of Pandemic Influenza Authority and Responsibilities) to Tab A to Appendix 1

APPENDIX 1 (COMMISSIONED CORPS RESPONSE TEAMS) TO ANNEX D

REFERENCES:

1. U.S. DHHS Commissioned Corps Directive 121.02, SUBJECT: Commissioned Corps Deployments, Effective 23 January 2007.
2. U.S. Public Health Service Concept of Operations Plan (CONOPS) for Applied Public Health Teams, Jul 2006.
3. Office of Force Readiness and Deployment http://ccrf.hhs.gov/ccrf/
4. US Public Health Service Commissioned Corps Readiness and Response Program, Commissioned Corps Transformation Implementation Plan, October 2006

1. SITUATION

a. Routine public health services are likely to be overwhelmed or disrupted in the aftermath of natural or man-made disasters.

b. USPHS personnel may be deployed within the United States or overseas in the following circumstances:

1) A public health challenge that exceeds the capabilities of local, state or OPDIV.

2) Public health requirements under the National Response Plan, of the Department of State and/or the Agency for International Development, or other declared emergencies.

3) Critical technical public health requirements outside normal agency activity.

4) A request for multinational assistance from a National Authority in which U.S. assets are one component of an international response.

5) A request for multinational assistance coordinated by the WHO at the request of the National Authority.

6) As elements of a Global Outbreak Alert and Response Network team (see Appendix 1 to Annex E).

c. In the context of an influenza pandemic USPHS personnel may be deployed in response to a public health emergency as declared by the President or the Secretary, HHS.

2. MISSION.

Commissioned Corps Response Teams will provide comprehensive technical support to international, state, regional and local public health authorities and assure that the basic public health needs of the affected community are met during a major disaster or public health emergency.

3. EXECUTION

a. Concept

Office of Force Readiness and Deployment (OFRD), under the direction of the Surgeon General and Secretary, HHS, has formed response teams to manage domestic and global public health emergencies. These teams are configured as follows:

1) Rapid Deployment Force (RDF) – Mass Medical Care at Special Needs Shelter and other Situations
2) Incident Response Coordination Team (IRCT) – On Site Management and Support Team
3) Applied Public Health Team (APHT) – "Health Department in a Box"
4) Mental Health Team (MHT) - Provide mental health prevention and treatment consultation and support to impacted populations

The ASPR has operational control (OPCON) of the IRCTs. OFRD generally has OPCON of the other three teams except when deployed for agency-specific missions (e.g. CDC/ATSDR).

b. Assumptions

1) CDC is the lead OPDIV for public health missions. The Commissioned Corps team that is directly associated with that mission are the Applied Public Health Teams (APHTs). When ESF #8 is not activated, deployment of APHTs will be managed and under the directional control of the DEOC. When ESF #8 is activated, APHTs will receive technical guidance from the DEOC and will provide technical data and information to the DEOC.
2) OFRD will roster the PHS CC component of the deployment teams.
3) Deployment teams will be integrated into the overall Incident Management Structure (IMS) of the DHHS.

4) Major logistical and administrative support will be provided by the DEOC or the DHHS IMS, as appropriate.

c. Operating Principles

1) Deployment Teams may consist of both PHS CC Officers and CDC/ATSDR civil service personnel.
2) Teams will be under the operational control (OPCON) of the Director, CDC when ESF #8 is not activated.
3) Director, CDC will facilitate staffing of the teams in coordination with HHS/OS and OFRD.
4) Once staffing is complete, Director, CDC will be held responsible to train, equip, and deploy teams based on requests from HHS/OS.
5) HHS/OS will staff teams from all available PHS assets.
6) Commissioned Corps teams may require augmentation from civil servant resources.
7) Commissioned Corps officers will be required to maintain readiness in accordance with OSG guidance.
8) CC/CO/NIOSH should maintain visibility of assigned Commissioned Corps officers to deployment teams and develop internal rosters to ensure the officers are not considered resources for deployment, unless coordinated with OFRD.

d. Deployment Assets:

1) Rapid Deployment Force (RDF) (105 Personnel)

Capabilities:

a) Mass care (primary care, mental health, and public health services for the sheltered population)
b) Point of Distribution POD) Operation (mass prophylaxis and vaccination)
c) Medical surge
d) Isolation and quarantine
e) Pre-hospital triage and treatment
f) Community outreach and assessment
g) Humanitarian assistance

h) On-site incident management

i) Medical supply management and distribution

j) Public health needs assessment and epidemiological investigations

k) Worker health and safety

l) Animal health emergency support

2) Incident Response Coordination Team (IRCT) (30 Personnel)

Capabilities:

a) Represent ESF #8 in the field

b) Perform liaison functions required of ESF #8

c) Lead deployed ESF #8 personnel

d) Operations responsibility for ESF #8

e) Administration, finance and Logistics

f) IT/Communications

g) Planning

3) Applied Public Health Team (APHT) (47 Personnel)

Capabilities:

a) APHT will be integrated into the Commissioned Corps' response at any given point in time, as required by Federal, state, local, territorial or tribal requests for assistance; or via an international mission request.

b) APHTs will be composed of experts in public health assessments, environmental health, infrastructure integrity, food safety, vector control, epidemiology, and surveillance.

c) APHT Structure: The APHTs can be arranged into the following sub-specialty units:

(1) Command staff

(2) Support

(3) Water/waste water

(4) Food safety

(5) Animal and vector control

(6) Disease surveillance

(7) Occupational safety

(8) Preventive medicine

(9) Community health education

4) Mental Health Teams (MHT) (26 Personnel)

Capabilities:

a) Incident assessment including scope and intensity of event and exposure to trauma,

b) Collaborating with local officials and professional groups to assess community mental health prevention and treatment needs.

c) Providing system-level consultation and support to develop behavioral health training programs for impacted populations (e.g., the Mercy Model).

d) Identifying and referring survivors and responders to needed community services.

e) Screening and assessment of individuals for a variety of conditions including suicide risk, acute and chronic stress reactions, substance abuse, and mental health disorders.

f) Utilizing specialized counseling approaches including suicide prevention and intervention with grief counseling.

g) Time-limited counseling or psychotherapy to individuals with serious mental illness and/or substance abuse disorders until local resources return to basic functioning.

h) Providing consultation to medical staff on the effects of stress on patient behavior.

i) Psychological first aid, including crisis intervention to address mental and emotional needs of survivors and responders following a disaster.

j) Consulting on-site incident commanders in the prevention and management of stress including site conditions and work hours to ensure continued mission readiness of responders.

k) Providing stress management and counseling services including exit interviews to support responders.

l) Providing assessment, diagnosis, and treatment of persons requiring more intensive psychological interventions, including psychopharmacology consultation through a psych-pharmacy specialist referral when required.

e. COTPER:

1) Conduct pre-deployment processing on a monthly basis, or as required to maintain a primary and backup team for deployment to include coordination with OSEP to schedule "Preparing for Work Overseas" courses on a frequent basis.
2) Manage the deployment process.
3) Provide a Logistics Support Team (LST).

f. Coordinating Instructions

1) CDC must maintain a large pool of trained influenza surveillance and preparedness teams capable and available for deployment.
2) OFRD (Office of Force Readiness and Deployment) will maintain team rosters of standing deployment teams. These rosters will be maintained and updated often to ensure they are current and prepared for rapid response. These rosters will be distributed to Senior Management Officials and Emergency Coordinators quarterly.
3) Teams will be pre-rostered into PWMS to ensure team deployments are resourced timely.

4. SUPPORT SERVICES

COTPER:

Coordinate with other CDC offices to ensure sufficient deployment stocks are available for deployment. Examples of deployment-required materiel include:

a. PPE.
b. Antiviral drugs and other medications as required.
c. Specimen collection/transport kits.
d. Field diagnostics kits.
e. Deployable equipment (laptop, global satellite cell phone, GPS, etc.)
f. Self use medical kits.

5. MANAGEMENT AND COMMUNICATIONS

Maintain daily (or more often if required) contact with the DEOC.